



## An ethical leadership program for nursing unit managers

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### ABSTRACT

**Purpose:** The aims of this study were to evaluate the effect of an ethical leadership program (ELP) on ethical leadership, organizational citizenship behavior (OCB), and job outcomes of nursing unit managers (UMs) and to examine changes in staff nurses' perception about UMs' EL, OCB, job outcomes, and ethical work environments (EWEs) post-ELP.

**Design:** A quasi-experimental (pre- and post-test design) study conducted six-month intervention (ELP) using self-reported UM survey ( $n = 44$ ), and staff nurses ( $n = 158$ ) were randomly extracted by two steps.

**Methods:** The Korean version of Ethical Leadership at Work for UMs' self-ethical leadership, the Ethical Leadership Scale for staff nurses' perceived ethical leadership, a 19-item OCB scale, and six dimensions of the medium-sized Copenhagen Psychosocial Questionnaire II for job outcomes and EWEs were administered at baseline and post-intervention.

**Findings:** UMs' ethical leadership scores differed significantly over time in people orientation ( $p = 0.041$ ) and concern for ethical leadership sustainability ( $p = 0.002$ ) adjusting for UM experience duration and nursing unit type. Total mean and level of power-sharing of ethical leadership among UMs with < 5 years of UM experience improved significantly over time. Of staff nurses' perception changes about UMs' ethical leadership, OCB, job outcomes, and EWEs, significant improvement over time appeared only in EWEs' work influence level ( $p = 0.007$ ).

**Conclusions:** This study provides useful information for clinical ELP development and examining the program's effect on leadership skills and followers' outcomes. Program facilitation relies on practical training methods, participant motivation, and assessment outcome designs by controlling clinical confounding factors. Findings have implications as an attempt for intervention to promote competencies related to ethical leadership of nursing unit managers.

### 1. Introduction

Health care ethics is a globally shared concern. Traditionally, healthcare ethics focused on individual healthcare professionals, particularly patient relationships. However, the 21st-century healthcare delivery system requires ethics at all healthcare leadership levels from staff to clinicians, administrators, executives, and even policymakers (Ho and Pinney, 2016). Inducing business and market-oriented values such as efficiency and cost-effectiveness in healthcare presented modern healthcare delivery system leaders with different ethical challenges from those in the traditional system (Makaroff et al., 2014). Unethical leadership may negatively impact followers' work performance and, consequently, cause problems in patient outcomes and organizational effectiveness (Keselman, 2012).

Ethical leadership (EL) is understood with various questions rather

than one definition, e.g., “What should ethical leaders do?”, “What impact do ethical leaders have?”, and “How can EL be taught?” Brown et al. (2005) present a popular definition of EL as leaders showing “normatively appropriate conduct” and promoting followers' conduct such as honesty, trustworthiness, fairness, care, two-way communication, discipline, and decision-making. Kalshoven et al. (2011) extended this with various behavioral dimensions such as fairness, power-sharing, role clarification, people orientation, integrity, ethical guidance, and concern for sustainability. Nursing scholars have visualized EL among nurses through analyzing several studies (Makaroff et al., 2014). They reported that ethical leaders should not only be responsive and supportive to nurse staff and contextual system but also receive support from superiors. Furthermore, these scholars identified critical nurse leadership roles as building nurse staff ethical competencies and creating an ethical climate (Makaroff et al., 2014). Thornton (2013)

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explained EL with complexity including not only a people-oriented view, including personal ethical traits and organizational responsibilities, but also an environment-oriented view, including interpersonal behaviors and community, society, and future generation responsibilities. She defined EL with seven views (profit, law, character, people, communities, planet, and greater good) and 14 principles.

The importance of EL is also emphasized by its impact on follower and organizational outcomes through organizational experiences and studies. Several academic studies have explored the relationships between EL and theoretically expected outcomes including followers' organizational citizenship behavior (OCB; [Kacmar et al., 2011](#); [Lee and Song, 2011](#)), commitment ([Cheng et al., 2014](#); [Demirtas, 2015](#); [Kim and Brymer, 2011](#)), job satisfaction ([Kim and Brymer, 2011](#); [Yang, 2014](#)), justice ([Demirtas, 2015](#)), and trust ([Van den Akker et al., 2009](#)). OCB, as a discretionary behavior without formal organization system reward, is recognized as an important factor in promoting employees' high performance ([Podsakoff et al., 2014](#)). In terms of promoting social good, EL was conceptually associated with employee OCB including altruism, conscientiousness, sportsmanship, courtesy, and civic virtue, which was supported with empirical evidence ([Kacmar et al., 2011](#)). However, rare studies examined the effect of a specific EL program (ELP). [Eide et al. \(2015\)](#) conducted a feasibility study of a web-based ELP in Norway focusing on participant feedback rather than outcomes.

How can EL be promoted? Role-modelling is critical. For educating EL, [Gallagher and Tschudin \(2010\)](#) emphasized a multi-disciplinary approach for expanding professional knowledge and a role modelling process by imitating other leaders and developing virtues and good character. Based on social learning theory, [Brown and Trevino \(2006\)](#) explained how ethical leaders can impact followers' performance and followers can develop EL. Followers would perceive their leaders showing attractive and credible EL behavior and would emulate them following a role-modelling process. [Day \(2000\)](#) claimed that the key concern regarding leadership development is in intrapersonal and interpersonal competency development including understanding others, building commitments, or developing social network. For promoting those competencies related to leadership, various practices, including 360-degree feedback, coaching, mentoring, networking, job assignments, and action learning, have been suggested and implemented ([Day, 2000](#)). [Eide et al. \(2015\)](#) used active learning methods such as running an ethical project and reflecting on supportive coach feedback. However, few studies tested the effect on leadership development.

This study started to develop an ELP for helping university hospital nursing unit managers (UMs) to understand EL and foster ethical climates in their units and organizations. The specific purposes of this study were to evaluate ELP effect on UMs' EL, OCB, and job outcomes (e.g., commitment to workplace and job satisfaction), and to examine changes in staff nurses' perception about their UMs' EL, OCB, job outcomes (e.g., commitment to workplace, job satisfaction, and intent to leave), and ethical work environments (e.g., influence at work, horizontal and vertical trust, and justice and respect) after implementing the program.

## 2. Methods

This was a quasi-experimental (one group, pre- and post-test design) study evaluating the effects of six-month intervention (ELP) using a self-reported survey of UMs and staff nurses.

### 2.1. Sample

The participants were all UMs and 200 randomly selected staff nurses from 48 units, excluding some out-patient departments in a tertiary university hospital in Seoul, South Korea. Inclusion criteria for staff nurses were  $\geq 6$  months on a nursing unit whose UM had participated in the ELP. Forty-four UMs and one hundred and fifty-eight nurses of participants completed both pre- and post-test (response rates:

UMs 91.7%, nurses 79.0%).

### 2.2. Randomization

Staff nurses of 48 units were randomized because all UMs participated in the ELP even though some did not participate in the survey. Personal information collection and usage agreements were obtained from staff nurses before starting this study (earning rate 70.6%, 770/1091). Of those who agreed, a simple random probability sampling was conducted in two steps: 1) after random selection of 20 nursing units out of 48, and 2) 10 nurses were randomly extracted from each by computer-generated randomization.

### 2.3. Ethical Leadership Program

The ELP was developed as a competency development program for nursing UMs in a university hospital in Seoul, Korea. The ELP aimed to help nursing UMs understand EL and facilitate participation in creating ethical environments and cultures in their hospitals. The main content was developed based on Thornton's seven lenses and EL principles ([Thornton, 2013](#)). [Thornton \(2013\)](#) explained 14 principles for helping leaders ethically practice in their organizations with various business-oriented cases. For developing the ELP, a target force team was composed, studied the principles of EL, and developed several cases for adapting the principles into healthcare organizations, especially in nursing and self-evaluation checklists containing EL concepts and skills. The ELP was a six-month program with seven classes. To increase UM participation, the ELP class followed UMs' official monthly meeting.

A six-month ELP was developed with two main active learning elements: 1) practice, where participants planned and practiced EL activities for next month after each class based on self-evaluation EL skill checklists, and 2) small-group discussion, where participants actively learned from sharing experience based on reflection on their own EL activities during the last month. Each class took 2 h: one for small-group discussion and one for lecture and planning EL activities.

The first meeting included ELP orientation and the first lecture. Participants completed the self-evaluation EL skill checklist provided in each lecture, identified their own EL skill-related weaknesses, and planned EL activities to improving the weaknesses in the coming month. The ELP also used peer mentoring in terms of feedback on individual EL activity plans to facilitate participants' reciprocal learning. According to social learning theory ([Bandura and Walters, 1977](#)), people generally learn from and mimic behaviors of role models. Peer mentors can be the most relevant sources of work-related support and key developmental assistance ([McManus and Russell, 2007](#)). One month later, the next class was reopened, and a small-group discussion commenced for reflecting and sharing EL activity experiences during the last month.

### 2.4. Measurements

Participants were asked for personal and career information (e.g., age, education level, work experience duration as a registered nurse (RN) or as a UM, nursing unit type). For evaluating ELP effects, EL, OCB, job outcomes, and ethical work environments (EWEs) were tested. All scale items, unless otherwise stated, were answered on a five-point scale; higher scores indicated stronger agreement.

UMs' self-EL was measured using the Ethical Leadership at Work questionnaire developed by [Kalshoven et al. \(2011\)](#) and adapted to Korean nursing organizations and modified as a Korean version (K-ELW) by [Kim and Park \(2015\)](#), who tested its validity and reliability. The K-ELW included 31 items in 7 domains: people orientation, task responsibility fairness, relationship fairness, power sharing, concern for sustainability, ethical guidance, and integrity. Cronbach's  $\alpha$ s for the original study and this study were 0.94 and 0.82, respectively. Staff nurses' perceived EL of UMs was measured using the 10-item Ethical

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